

Wichita Municipal Court
455 N Main Wichita KS 67202-1667
316.268.4611 v 316.2684249 f
www.wichita.gov

RECORD CHECK REQUEST

A. Please Print all information

Requesting Person: _____
Company: _____ Contact Phone number: _____
Mailing Address (required): _____
City, State, Zip: _____

B. I am requesting information on the below named individual:

Full Name: _____
Last First MI
Alias/Maiden Name: _____
Date of Birth: _____ Social Security Number: _____ -- --
☐ Male ☐ Female Race: _____

C. Pick-up information (Check only one). Records left unclaimed after 14 days are destroyed.

☐ I will pick up this information ☐ Mail this information ☐ Fax this information (____) _____

RECORD CHECK & COPY FEES		
SERVICE	FEE	Note
Record Check request	\$20.00 per individual	Pay at time of request.
Copy of paper/imaged document	0.30¢ per page/side	Pay upon pick-up
Copy of microfilmed document	\$3.00 per page/side	Pay upon pick-up
Document redaction required	\$1.00 per page/side redacted	Pay upon pick-up
Certification	Add \$2.00 per page	Pay upon pick-up

All fees must be paid prior to release of records.

Requestor wants: _____

Needs _____ copies of: _____ Certification? ☐

Requestor's Signature: _____ **Date:** _____

I verify I am not making this request to seek names or addresses in these records for the purpose of selling or offering for sale any property or service to the persons listed therein as provided in K.S.A. 21-3914.

Records may be picked up on (date): _____.

Specialist accepting this form: _____ **Date:** _____

Record check completed on (date): _____ **By:** _____